

Federal Client Daily Treatment Log

Client Name: _____

Month/Year: _____

Date	Client Signature	Time In	Purpose of Visit	Time Out	Client's Initials	Vendor's Initials
/1/14			Residential TX			
/2/14			Residential TX			
/3/14			Residential TX			
/4/14			Residential TX			
/5/14			Residential TX			
/6/14			Residential TX			
/7/14			Residential TX			
/8/14			Residential TX			
/9/14			Residential TX			
/10/14			Residential TX			
/11/14			Residential TX			
/12/14			Residential TX			
/13/14			Residential TX			
/14/14			Residential TX			
/15/14			Residential TX			
/16/14			Residential TX			
/17/14			Residential TX			
/18/14			Residential TX			
/19/14			Residential TX			
/20/14			Residential TX			
/21/14			Residential TX			
/22/14			Residential TX			
/23/14			Residential TX			
/24/14			Residential TX			
/25/14			Residential TX			
/26/14			Residential TX			
/27/14			Residential TX			
/28/14			Residential TX			
/29/14			Residential TX			
/30/14			Residential TX			
/31/14			Residential TX			